

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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OCT 25 2017

NEW HAMPSHIRE

I. Name of Lobbyist	(s) <u>James P. Monahan ; Kathryn M. H</u>	organ DEPARTMENT OF STATE
II. Name of lobbyist	's partnership, firm or corporation, if an	y:
The Dupont Group (Name of partnership, firm	or corporation)	
	e 401 Concord, NH 03301 (Town/City) (State) (Zip Code)	
Business Address: (Street)	(Town/City) (State) (Zip Code)	
(603)228-3322 (Telephone)	(603) 228-0713 (Fax)	e-mail <u>jmonahan@dupontgroup.com</u>
	covers: (Choose one – file separate reports s which are not attributable to any one cl	s for each client, OR you may file a separate report for reportable ient).
All reportable t	ransactions occurring in the month prior to	the reporting date relative to the following client:
New England Power	Generators Association	
<u>OR</u>	(Full Name of Client as it appear	ars on the Lobbyist Registration Form)
All reportable tra		byist's family), or the lobbying firm listed below which are unrelated
IV. Date of Report Reports cover	April 26, 2017 activity from date of registration to 3/31/2	July 26, 2017 [] 17 activity from 4/1/17 to 6/30/17
	October 25, 2017 X activity from 7/1/17 to 9/30/17	January 31, 2018
V. There have been If this box is checked 03301.	no fees received and no reportable transa, complete just this form and submit it to the	estions made since the last report. [] Secretary of State's Office, State House, Room 204, Concord, NH
	nal reports are attached: ved fees or made expenditures, you must file	Addendum A- Fees and Expenses
☐ If you have paid a	an honorarium or reimbursed expenses, you	must file Addendum B- Report of Honorariums or Expense
☐ If you, your firm,	or your family has made political contribut	ions, you must file Addendum C- Political Contributions.
I have read RSA 15, best of my knowledg		or affirm that the foregoing information is true and complete to the
- The		
(Signature of lobbyist)		10/25/2017 (Date)
James P. Monahan (Print Name of lobbyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirm Statement of Income and			
Name of Lobbying partner	rship, firm, or corpora	tion: The Dupont G	roup
Name of Client (leave blan	nk if Statement is for t	the partnership, firm, or corpor	ation and not related to any particular
client): New England Po	wer Generators Ass	ociation	
Date of Report (check one	?):		
April 26, 2017 🗆	July 26, 2017	October 25, 2017 X	January 31, 2018 □
		Statement of Income and Experiment (insert the number of Add	nses described above, and the dendum forms being submitted):
_Addendum A(s).			
0 Addendum B(s).			
<u>0</u> Addendum C(s).			
I hereby swear or affirm the best of my knowledge		mation on the Statement and ea	ach Addendum is true and complete to
Kathyr Hay			
(Signature of lobbyist)		10/25/2 (Date)	2017
Kathryn M. Horgan (Print Name of lobbyist)			